

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027362

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3479

FILED JUL 25 1962

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Jackson | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | a. STATE Missouri | b. COUNTY Jackson |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | c. CITY OR TOWN Independence | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. STREET ADDRESS 12913 E. 40th | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | 5. AGE (last birthday) |
| First Middle Last Clarence W. Sutton | | Month Day Year June 30 1962 | 52 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-10-1910 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane operator | | 10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel | 11. BIRTHPLACE (City and state or country) Independence, Mo. |
| 13a. FATHER'S NAME Walter Sutton | | 13b. MOTHER'S MAIDEN NAME Anna Arends | 14. NAME OF HUSBAND OR WIFE Emma Sutton |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Emma Sutton 12913 E. 40th Indep. Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) <u>Acute Cardiac Anoxia</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>Calcific Atherosclerosis Coronary Arteries</u> | |
| | | DUE TO (c) <u>Congenital Hypoplasia Coronary Arteries</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from <u>Aug 31, 1946</u> to <u>June 30 1962</u> and last saw her/him alive on <u>June 30 1962</u> Death occurred at <u>5:50</u> p. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Harold V. Woods M.D. | | 22b. ADDRESS Blue Springs Mo | 22c. DATE SIGNED July 2 1962 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7-3-1962 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery | 23d. LOCATION (City, town, or county) Independence, Missouri |
| 24. FUNERAL DIRECTOR Geo. C. Carson & Sons | | 25. DATE RECD. BY LOCAL REG. 7-2-62 | 26. REGISTRAR'S SIGNATURE Ruth A Long |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Harold V. Woods MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond L. Hoeman
Licensed Embalmer No. 4266

P. O. Address

Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.